


FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746366** (4)

1. Corporation Name

**COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

20442 NW 15TH AVE  
MIAMI FL 33169

20442 NW 15TH AVE  
MIAMI FL 33169-2301



3. Date Incorporated or Qualified  
**03/21/1979**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**59-1989254**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARLEEN DIAZ**  
20448 N.W. 15TH AVE  
MIAMI, FLORIDA  
MIAMI FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *X Arlene Diaz* **ARLENE DIAZ**

**4-10-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELIA FIOCCO</b>	
STREET ADDRESS	<b>20442 N.W. 15TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNIE BOSSTICK</b>	
STREET ADDRESS	<b>20444 N.W. 15TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ARLEEN DIAZ</b>	
STREET ADDRESS	<b>20448 N.W. 15TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TONY OKONMAH</b>	
STREET ADDRESS	<b>20613 N.W. 15TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEGGETT, FRED</b>	
STREET ADDRESS	<b>20506 N.W. 15TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ADRIS WHITE</b>	
1.3 STREET ADDRESS	<b>20609 N.W. 15th AVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	

2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BERNIE ROIG</b>	
2.3 STREET ADDRESS	<b>20444 N.W. 15th AVE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PENNY CLARKE</b>	
3.3 STREET ADDRESS	<b>20507 N.W. 15th AVE</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JESSE LEGGETT</b>	
4.3 STREET ADDRESS	<b>20605 N.W. 15th AVE</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	

5.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DAWN G. JONES</b>	
5.3 STREET ADDRESS	<b>20607 N.W. 15th AVE</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Arlene Diaz* **ARLENE DIAZ**

**4-10-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0032376**

CR2E037 (9/96)